# State of Michigan Office of Services to the Aging





### **2010 ANNUAL REPORT**

### OFFICE OF SERVICES TO THE AGING

Serving Michigan's Older Citizens Since 1963

### **STATE OF MICHIGAN**

Rick Snyder, Governor

### OFFICE OF SERVICES TO THE AGING

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### Preface

The Michigan Office of Services to the Aging takes great pleasure in presenting this 2010 Annual Report to Governor Rick Snyder, members of the Michigan Legislature, and the general public. Required by state law, the report showcases the continuing value of services provided to Michigan's older citizens, and those who care for them.

Sometime in our adult lives, there's the likelihood of caring for an older parent, relative, neighbor, or friend, if we aren't already. Perhaps a son takes his widowed mom to her medical appointments, or a granddaughter searches for services available for her grandfather upon his return home from a hospital stay. It may even surprise many that those in their 60's and 70's are caring for 80 and 90+ year old parents – a phenomenon more commonplace now as people live longer than ever before in history. The point is that eldercare – to varying degrees and intensity – is a reality for most Michigan families. Families and friends provide the vast majority of care to older men and women unable to perform tasks on their own, often due to health and/or mobility limitations, dementia, and other mental health issues.

When families can no longer do it alone and need help – or when vulnerable older adults are without support to remain in their community as they age – or when older adults want help using their personal resources wisely – government programs are available. Federal and state-funded services provided through the Office of Services to the Aging supplement the friend and family care that naturally takes place for aging citizens living in Michigan communities each day. These services allow older adults to remain in their homes with the dignity and respect they've earned – they eliminate or delay the need for more costly institutional care – and they are a mainstay investment in the long term health and well being of Michigan's older citizenry.

For over 35 years the Michigan Office of Services to the Aging has been the "go to" autonomous agency within state government that manages (non-Medicaid) funding for home and community-based aging programs in every corner of the state. These programs are made possible through non-state governmental partnerships with 16 regional area agencies on aging and 1,185 local entities (private non-profit, private for profit, and public agencies). This state/regional/local partnership – mandated by the federal Older Americans Act of 1963, as amended (through the Administration on Aging) and the state Older Michiganians Act of 1965 – is commonly known as the "aging network." The aging network has a proven history of continually reinventing how it does the business of providing cost effective services with high levels of consumer value and satisfaction.

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### **OVERVIEW**

### **Older Michigan Citizens**

- 1.8 million people, aged 60+, reside in Michigan 17.8% of the total population. As well, there are nearly 3.9 million people aged 45 and older, many of whom are caregivers for older family members and friends (Source: American Community Survey). It's important to recognize that older citizens are a heterogeneous, diverse community of people spanning multiple generations. The wants and needs of a 55 year old may be significantly different from those of a 75 year old.
- To complement eldercare provided by family and friends, older adults themselves remain an extremely valuable resource through their volunteerism, offering countless hours of uncompensated work helping both youth and needy older adults within their communities.
- The demographics are clear... the Baby Boom generation has arrived, complete with unique characteristics and unprecedented numbers of people at a time when people are living longer than ever before in our history. Baby Boomers are, in fact, reinventing what it means to grow old, and are a force to be reckoned with by both the public and private sectors.
- The Office of Services to the Aging is committed to enhancing life quality for all older residents within its purview, though those most vulnerable and socially/ economically disadvantaged are targeted to receive help.

### Office of Services to the Aging (OSA) and the Aging Network

- The OSA promotes a simple philosophy to do what it can to help make
   Michigan communities great places in which to grow up and grow old places
   that offer citizens of ALL ages robust opportunities to live life fully.
- With 43.5 FTE's (full time equivalent) staff people, a 15-member Commission on Services to the Aging, and \$93.1 million budget, OSA has a pivotal role in shaping aging policy and funding aging programs through a unique, locallydriven system of service delivery.
- OSA has been the proud recipient of a variety of special federal grants totaling an impressive \$14,604,700 from 2007 to the present. These "value added" grants have resulted in Michigan's ability to strengthen its service delivery infrastructure, re-focus resources in productive ways, and do innovative projects that would otherwise be cost prohibitive. Participation by individuals eligible for services (i.e. Systems Reform Task Force) has been an integral component of these grant initiatives and key element to the success of this work.

- OSA operates under the premise that local communities know best what their older citizens need. History has repeatedly demonstrated that this approach has served older adults well, while keeping state involvement at bay. Local communities are primary decision-makers on how older adults and their caregivers are best served within the dictates of state and federal law, and how service priorities are decided.
- Understanding the resource interdependence within the aging network is important to analyzing the true impact of budget cuts at the local level. For example, in recent years a \$1 million state budget decrease for senior centers resulted in a net \$3 million cut overall; the \$1 million leveraged an additional \$2 million in local level matching, millage, and related funding.

#### Services

- The array of community services available to older adults supplement care provided by family and friends, and includes meals provided in the home and in community settings, health and wellness with emphasis on disease prevention/chronic disease management, home repair, and chore and related in-home services, to name a few.
- OSA also manages elder rights programs that aim to protect Michigan's most vulnerable citizens. The State Long Term Care Ombudsman provides checks and balances for those cared for in institutional settings, for example. Legal services offer help with financial exploitation and predatory lending, elder abuse intervention, public benefits, and end-of-life matters. And Michigan's Medicare/Medicaid Assistance Program offers counseling on public benefits, long term care insurance, etc.
- Thanks to a new national initiative of the Veterans Administration, veterans of all ages are now served through Michigan's aging network and have the option of directing their own care. Research shows that when people are in control of their own supports and services, they tend to choose less costly options. Family caregivers of veterans face a high burden of care, both in intensity and duration.
- Through federal grants received, OSA is incorporating person-centered planning (PCP), person-centered thinking (PCT), and the option for self-direction (SD) as the foundation for aging network supports and services and emerging ADRC partnership development efforts. State leadership consists of support from the Michigan Department of Community Health, OSA inclusion of PCP, PCT, and SD in standards and service definitions, and consistent focus and attention to successful implementation by the Long Term Care Supports and Services Advisory Commission.

### COMMUNITY-BASED PROGRAMS

### **In-home and Community Services**

### \$13.3 million - State GFGP Funding \$19.8 million - Federal Funding, Administration on Aging

"Each week I get my floors washed and my bed sheets changed – things I just can't do anymore because of rheumatoid arthritis. And I don't have family to help. The program is a Godsend." ~ Marilyn J., Saginaw

Michigan's aging network is a comprehensive network of community-based organizations providing services that support independence, enable individuals to receive services in the setting of their choice, and reflect the unique characteristics, needs, and choices of the individual through a person-centered planning approach.

#### **In-home Services**

In-home services help people with functional, physical, or mental characteristics which limit their ability to care for themselves and have either unavailable or insufficient help from family and friends. Service targeting is based on social, functional, and economic characteristics.

### 2010 Participant Profile

-	•
85 years of age or older	36%
Female	72%
Lived alone	57%
Resided in rural areas	53%
Low income	28%
Minority by race/ethnicity	13%

- 20,931 older adults received 695,031 hours of care management, case coordination and support, chore, homemaker, home health aide, and personal care services.
- Two-thirds of those served needed help with daily cooking, cleaning, and/or shopping.
- Nearly 36% have been served in their local communities by aging network programs for five or more years.
- More than 8% of those served in the home had specific daily activity limitations consistent with a nursing home level of care. These at-risk older adults received 89,719 hours/units of home care services.

2010 In-home Services Profile

Service	Participants	Units
Care Management	3,941	32,227
Case Coordination and Support	9,048	55,699
Chore	3,218	33,625
Homemaker	6,659	317,303
Home Health Aide/Other	93	1,560
Personal Care	4,301	254,620

**2010 Community Services Profile** (selected services)

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Service	Participants	Units
Counseling	140	479
Disease Prevention	9,360	40,144
Elder Abuse Prevention	4,184	7,484
Friendly Reassurance	341	43,320
Health Screening	1,208	1,144
Hearing Impaired Services	1,908	4,306
Home Injury Control	1,429	4,238
Home Repair	189	2,214
Information and Assistance	NA	106,296
Legal Assistance	10,130	45,759
Medication Management	1,108	8,057
Outreach	NA	84,362
Personal Emergency Response	1,090	5,186
Senior Center Operations	25,146	45,477
Transportation	5,891	117,785
Vision Services	2,454	4,819

- Older adults received 525,956 hours of community services, most often at local senior and community centers.
- 9% resided in rural areas, 27% were low income, and 28% of participants were minority by race or ethnicity.

### **NUTRITION**

### Home-delivered and Congregate Meals

\$9.6 million – State GFGP Funding \$18.9 million – Federal Funding, Administration on Aging \$7.4 million – Federal Funding, Nutrition Services Incentive Program

"After my husband died, I was lost – wasn't cooking or talking to anyone much. Then a friend suggested I go to our local meal site with her. I like it! I get a nutritious meal and have even made a few friends that share my interest in quilting."

~ Virginia W., Macomb County

Adequate nutrition is critical to health, functioning, and quality of life. Nutrition services provide nutritious meals containing a minimum of one-third the recommended daily dietary allowance. Meals are provided in community settings and to frail older adults in home settings.

#### **Home-delivered Meals**

The home-delivered meals program provides nutritionally sound meals to frail older adults who find it difficult to prepare meals and who do not have friends or family to assist with meal preparation. The meal is delivered to the client's home, and often the person delivering the meal is the only person a homebound older adult may come into contact with that day.

### 2010 Participant Profile

85 years of age or older	37%
Female	66%
Lived alone	51%
Resided in rural areas	36%
Low income	38%
Minority by race and/or ethnicity	25%

- 49,603 older adults received an impressive 7,829,408 home-delivered meals.
- Nearly two-thirds were at high nutritional risk.
- Two-thirds of those served needed assistance with daily cooking, cleaning, and/or shopping.
- More than 18% have been served in their local communities by aging network programs for five or more years.

### **Congregate Meals**

Congregate meals are provided in a group setting, often promoting socialization among participants. Meal sites may be in churches, schools, residential communities, senior centers, or recreational centers.

**2010 Participant Profile** 

85 years of age or older	18%
Female	66%
Resided in rural areas	52%
Lived alone	34%
Low income	27%
Minority by race/ethnicity	12%

- 64,902 older adults received 2,925,738 congregate meals.
- More than 1 of 10 was at high nutritional risk.
- Nearly 29% have been served in their local communities by aging network programs for five or more years.

### **CAREGIVERS**

### \$6.3 million - State Restricted Funding \$4.9 million - Federal Funding, Administration on Aging

"Now I can take a breath, knowing my dad is being cared for while I get a much-needed break." ~ Wanda W.. Flint

Informal, unpaid caregivers provide 90% of support to family members and loved ones on a daily or periodic basis, assisting with bathing, banking, shopping, food preparation, medical care, and the like. Caregiving has the potential to impact the health, work, family relationships, and finances of the caregiver. And training, respite, and support are essential to prevention of caregiver burnout. Caregivers may live with the person they care for, travel to provide care, or be a long distance caregiver.

### 2010 Participant Profile

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65 or older	53%
Female	72%
Resided in rural areas	44%
Low income	30%
Minority by race/ethnicity	19%
Provided daily, hands-on care	74%
Caregiving for more than three years	51%
Lived with the individual(s) that they care for	58%
Traveled one hour or more to provide care	9%
No other family members "willing or able" to help	39%
Employed full or part-time	33%
Described health as "fair" or "poor"	30%
Caregiving for grandchildren	3%

### **2010 Caregiver Services Profile**

Service	Participants	Units
Adult Day Care	1,433	493,405
Caregiver Access Services	NA	22,011
Caregiver Information	NA	2,179
Caregiver Training	1,147	10,235
Counseling Services	140	570
Respite Care	2,658	269,022
Supplemental Services	83	167
Support Groups	1,040	8,213

### Value to Caregivers

• 6,090 caregivers received 805,423 hours of adult day care, respite care, support group, training, counseling, and related caregiver services.

### **OLDER VOLUNTEER PROGRAMS**

### Retired and Senior Volunteers, Foster Grandparents, and Senior Companions \$4.8 million - State GFGP Funding

"My doctor told me that whatever I'm doing, 'keep it up'. Volunteering keeps me alive and well."

~ Senior Companion, Macomb County

The State of Michigan has a 35-year investment in and commitment to three older adult volunteer programs – Retired and Senior Volunteers (RSVP), Foster Grandparents, and Senior Companions. These programs serve the two-fold purpose of enriching people's lives as well as enriching local communities in significant ways. They use the skills, experiences, and talents of older adults as a community service resource which, in turn, reaps tremendous health benefits for those older people who regularly engage in volunteer activity.

#### Value to Communities

- Some 13,300 older adult volunteers contributed an impressive 3,560,000 hours of service to 2,625 public and private non-profit organizations in Michigan.
- This level of senior volunteerism equates to an annual economic value of nearly \$750 million a return on investment of \$62 for every federal/state dollar expended (Source: U.S. Department of Labor).
- An astounding 46% of organizations served by these programs reported the organization would be unable to function without volunteer support.
- Older adult volunteers are Michigan's unsung community heroes.

#### Value to Older Adults

- Epidemiological research clearly shows that productive activity and strong social networks are widely known to contribute to prolonged mental and physical health. This body of research also suggests the weekly volunteer is twice as likely to report being in good health as their counterparts who don't volunteer regularly.
- Evaluation data (2009) suggests that 98% of participating older volunteers felt useful, and they believed their time and skills were used wisely. Volunteers also reported 99% of the time that they felt appreciated, made friends as a result of their service activities, and would recommend participating in Michigan's programs to others.

"Our program site would have closed if not for RSVP. We depend totally on volunteers for this particular program, and RSVP volunteers are extremely reliable and dedicated."

~ Program Manager, Upper Peninsula

# SENIOR COMMUNITY SERVICES EMPLOYMENT PROGRAM

\$4.6 million – Federal Funding, U.S. Department of Labor

"I feel the SCSEP has improved my quality of life, giving me a reason to get up each morning."

~ Paul F., Program Participant

Economic security – like health – is vital to overall well-being at all stages of adult life. For many older adults living on low or fixed incomes, however, limited options are available to maintain or improve their standard of living. One option available to older Michigan residents is the Senior Community Services Employment Program. It subsidizes low income older adults aged 55+ who wish to retain, learn, or upgrade job skills, and serves as an important building block for eventually securing unsubsidized employment in the public and private sectors. The program exists because public/private partnerships make it happen.

#### Value to Mature Workers

- The program helps the older worker meet living expenses.
- People discover a newfound sense of purpose that comes with "earning their way" and being a productive member of the workforce.
- Older adults remain engaged in and contributing to their community.
- Mary M. found a part-time job while participating in the program, and recently found another part-time job. Mary stated that once she obtained her first job, her newfound confidence helped get a second part-time job. One job is working in a law office and the second is working in the local library. Prior to participation in the program, Mary was employed in a factory.

### Value to Employers

- Training sites are provided experienced, qualified, responsible, and talented personnel, all hallmarks of the mature worker.
- The reliability of mature workers offers workforce stability by reducing turnover, as well as costs associated with recruitment and training.
- Industries that benefit most include retail, security, transportation, food service, and customer relations, and information technology.

### **2010 Participant Profile**

Older adults served	720
Male	23.5%
Female	76.5%
55-59 years of age	45.0%
People with disabilities	11.0%
Veterans/spouses of veterans	11.0%
Found unsubsidized employment	40.0%

### Impact of Today's Economy on Mature Workers

As with all age groups, older workers are currently facing stark economic realities as a result of the economic storm facing our state and nation.

#### Consider this:

- For many, retirement at 65 is no longer an option; facing shrinking nest eggs and mounting bills, they need to work, but wonder who will hire them.
- Older adults are being laid off due to downsizing or being forced into retirement, often losing their health insurance, and are unable to find replacement work in the marketplace.
- More than 4 million Baby Boomers are currently unemployed.
- 1 of 10 older adults is living in poverty.
- In the last two years, retirement accounts have lost over 17% of their value.
- The bankruptcy rate among persons aged 65+ has more than doubled since 1991.
- Chronic stress resulting from one's inability to meet living expenses, for example, often leads to ailments detrimental to physical and mental health.
- The number of older adults relying on food stamps to meet their daily nutritional needs is climbing.
- Many older adults have dipped into retirement accounts to supplement their income, and it's reported that many such accounts are now cashed out.

### **LEGAL SERVICES**

### \$805,746 - Federal Funding, Administration on Aging \$20,000 - State GFGP

Stan M. was able to keep his home of over 40 years after legal services successfully fought an illegal foreclosure action in May 2010.

~ Older Resident, Jackson County

All too often older adults face the loss of income, assets, benefits, or housing, and need a legal advocate to help them maintain and protect all they have worked for. Legal interventions help preserve benefits and income, avoid foreclosure, obtain access to housing and services, and protect consumers. The Older Americans Act has long recognized the critical role of access to legal advocacy by including legal services as a priority service, targeting those most socially and economically vulnerable.

### **Program Value and Outcomes**

- Federal funds for legal services are leveraged with local and other resources to expand the program.
- Because of this leveraging, 20,000 additional hours of services were provided;
   over 45,000 hours of actual service well exceeded the contracted 25,000 hours.
- The program served 10,130 unduplicated clients, helping with 31,500 legal matters.
- There was 100% compliance with Michigan's best practice web-based legal services reporting system.
- 249 education presentations were given to over 15,000 older adults.

### Value to Older Adults - Case Examples

- An older Sterling Heights couple secured reimbursement of \$1,765 for Medicare overpayments.
- An older Lansing woman won the appeal filed after she was improperly denied a property tax exemption. She was also able to obtain an accurate property assessment, saving hundreds of dollars, and allowing her to remain in her home.
- An older client retained his much-needed health coverage. Without help from legal services, this gentleman would have suffered a break in health coverage, causing serious medical and financial consequences.
- An older woman was able to stop unlawful garnishment of her Social Security Income, preventing extreme financial hardship.

### LONG TERM CARE OMBUDSMAN

### \$767,814 - Federal Funding, Administration on Aging \$478,000 - State GFGP Funding \$380,000 - State Civil Money Penalty Fundina

"The Ombudsman listened to me. Everyone else just kept walking by, or talked to my daughter. The Ombudsman is the only one who took time to find out what I want and then helped me get it."

~ Jane K., Detroit

The Long Term Care Ombudsman program provides advocacy and information to consumers of long term care supports and services, particularly those living in nursing homes, homes for the aged, and adult foster care homes.

### 2010 Outcomes and Program Value

- Complaints were handled from 1,537 people.
  - > 531 (35%) were filed directly by the consumer affected.
  - ➤ 431 (28%) were filed by a relative or friend of a consumer.
  - ➤ 244 (16%) were complaints discovered and filed directly by program staff or volunteers; 138 (9%) were anonymous.
  - ➤ Remaining complaints were from non-relative guardians/other legal representatives (10), facility management or staff (73), physicians or their staff (34), other health/social service agencies (64), and other sources such as bankers, clergy, and law enforcement (12).
- Complaint Resolution
  - ➤ The 1,537 complaint contacts resulted in 2,655 individual issues that residents wished the program to address and correct.
  - ➤ Of the 2,655 issues, 1,783 were resolved/partially resolved to the consumer's satisfaction; consumers were helped in resolving issues and improving their life quality and long term care experience in 67% of cases.
- 3,634 consumers were provided with information on long term care options, regulations, payments, guardianship and alternatives, etc.
- Technical assistance was given to facility staff on such topics as resident rights, regulations, financing, and guardianship through 771 contacts.
- 111 people were helped in accessing nursing facility transition services in order to move to more integrated community settings.
- Program staff made 281 routine visits to long term care facilities, participated in 218 nursing home regulatory surveys, attended 226 resident council meetings and 180 family council meetings, and gave 356 public education presentations.

### MEDICARE/MEDICAID ASSISTANCE PROGRAM

# \$1,380,000 - Federal Funding Administration on Aging and Centers for Medicare/Medicaid Services

Mrs. O had her prescription drug costs reduced by \$1,000 per month, thanks to MMAP help with Medicare Part D Prescription Drug Plan enrollment.

~ Older Resident, Otsego County

Michigan's Medicare/Medicaid Assistance Program, commonly known as MMAP, is part of the State Health Insurance Assistance Program, a national network that offers free, confidential health benefits counseling and assistance to people with Medicare, namely older adults and people with disabilities.

MMAP serves all 83 Michigan counties. Its work is accomplished by a statewide network of over 600 team members (counselors, outreach assistants, and support staff) and over 100 community agency partners. Specifically, MMAP:

- ✓ provides counseling/enrollment assistance for Medicare supplemental insurance, Part D Prescription Drug Plans, and Medicare Advantage Plans;
- ✓ connects with older adults/persons with disabilities with limited incomes to save them money on health care costs through Medicare Part D Low-Income Assistance and Medicare Savings Programs; and
- ✓ educates Medicare beneficiaries and their caregivers on health care options.

### 2010 Participant Profile

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Total Client Contacts	69,079
Low income clients served	28,615
Persons with disabilities served	13,636
Total Counseling Hours	66,702
Female	37,548
Male	20,462
American Indian/Alaska Native	346
Asian	221
Black	6,108
Latino	779
Native Hawaiian/Pacific Islander	30
White, Not of Hispanic Origin	35,150
Other	266
Unknown	14,366

#### Value to Older Adults

MMAP saved Michigan beneficiaries over \$16 million in out-of-pocket costs in fiscal year 2010 (Source: Centers for Medicare and Medicaid). Here's some of the ways how:

- 17,420 Medicare beneficiaries received one-on-one enrollment counseling on Medicare Part D/Medicare Advantage Plans, resulting in beneficiary savings of \$4.8 million.
- 13,451 Medicare beneficiaries reduced costs of their prescription drugs through enrollment help in Medicare Part D Low-Income Assistance.
- 7,836 beneficiaries reduced their health care costs through enrollment assistance in a Medicare Savings Program, resulting in beneficiary savings of \$3.3 million.

### Case Examples

- Mr. M's income was too high to qualify for the Low-Income Subsidy, and his monthly drug costs were \$973. MMAP enrolled him in six manufacturers' prescription assistance programs that covered the cost of Mr. M's medications in full, resulting in an annual savings of \$11,676.
- A caregiver for a 103 year old low income beneficiary contacted MMAP in Berrien County for help with in-home services. The beneficiary had fallen in her home and was placed in a nursing facility, but wished to return home and receive additional physical therapy services and in-home care. MMAP helped the beneficiary complete a Medicaid application, and made a referral to the appropriate agency for eligibility screening and intake for MI Choice, the home and community-based waiver program. The beneficiary was enrolled in MI Choice, saving \$18,720 annually on in-home services.
- A beneficiary with disabilities in Oakland County was referred to MMAP by her mother. The beneficiary had cancer and her medications were costing her \$2,238 per month. The beneficiary had stopped taking some of her medications because she could not afford them. MMAP successfully enrolled the client in the Low-Income Subsidy program and helped her select a Medicare Part D plan. The beneficiary now pays \$42/month for her medications – a savings of \$2,196 per month or \$26,352 annually.

### "VALUE ADDED" GRANTS

### \$14,604,700 - Federal Funding

In recent years the Office of Services to the Aging has sought out many opportunities to bring additional money into the State of Michigan for aging programs, and is proud to report continuing success in nationwide grant competition. These grants are helping reinvent how the aging network conducts its business, allowing freedom to experiment with ways to simply do things better – ways that are more focused, more flexible, more productive, and more efficient.

### Aging and Disability Resource Centers (ADRC)

**\$457,712** (2009-2012)

Aging and Disability Resource Centers empower persons of all ages and income levels to navigate the full range of long term care support options according to their cultures, values, and preferences. It uses existing long term care resources of Area Agencies on Aging, Centers for Independent Living, Long Term Care Ombudsman, Medicare/Medicaid Assistance Program, DHS/Medicaid offices, Benefit Enrollment Outreach Centers, consumers, hospitals, service providers, and others to develop a statewide "no wrong door" approach to providing seamless access to services for older adults and persons with disabilities. To date, OSA efforts have focused on developmental support for local emerging ADRC partnerships, development of statewide service definitions and operating standards, development of a web-based Information and Assistance reporting application and long term care website, and quality management/evaluation systems. Three emerging ADRC partnerships have been designated.

# Aging and Disability Resource Centers (ADRC)/Options Counseling \$500,000 (2010-2012)

This grant teams up OSA with three emerging ADRC partnerships to develop Options Counseling standards, operating protocols and staffing requirements, as well as pilot training curriculum.

### **Community Living Program**

**\$789,191** (2007-2010)

The Community Living Program identifies individuals at risk of nursing facility placement and Medicaid spend-down, who have personal resources available to pay for some or all of their supports and services. It provides information and counseling linking individuals to service options that help them live in the setting of their choice. Because of this innovative program, the aging network has expanded its long term care vision, offered flexibility in policy and practice, and responded to changing needs of older consumers/caregivers in new ways.

# Veteran Directed Home and Community-based Services \$1,313,938 (2009-2010)

This program identifies veterans of any age at risk of nursing facility placement, regardless of income, and provides them with services through Michigan's aging network. Eligible veterans are provided person-centered planning and consultation, as well as a plan for receiving supports and services of choice. Veterans are encouraged to take advantage of the self-directed care component of this program.

### Alzheimer's Disease Innovation

**\$566,029** (2009-2011)

The project, funded by the Administration on Aging, provides an innovative, targeted, and veteran-specific program to caregivers of veterans with dementia as well as veterans serving as caregivers.

### Creating Confident Caregivers – Savvy Caregiver (2 Grants) \$1,123,708 (2008-2011) and \$373,694 (2010-2013)

This evidence-based project provides information, tools, and perspective to caregivers of persons with dementia, cognitive impairment, memory loss, or confusion. The program focuses on helping the caregiver think about their situation objectively, giving them the knowledge, skills, and attitudes needed to manage stress and carry out the care giving role effectively.

# **Evidence-based Disease Prevention (2 Grants)** \$700,000 (2007-2010) and \$1,106,479 (2010-2012)

Evidence-based disease prevention programs help older adults adopt lifestyles and behaviors that enhance life quality. Emphasizing prevention and treatment, they have been shown to significantly reduce outpatient visits and hospitalizations. They also help reduce the risk of developing chronic disease, and teach those with chronic disease how to manage their disease, and communicate effectively about health issues with family members and medical care providers. Programs are available in 53 Michigan counties, and include the Stanford Chronic Disease Self-Management Program, Matter of Balance, Enhanced Fitness, Arthritis Self-Management, and Arthritis Exercise Program.

# Coordinated Legal Assistance in Michigan for Seniors \$677,828 (2007-2010)

Through this "Model Approaches to Statewide Legal Assistance Systems" grant, Michigan was able to modernize and enhance the ever-popular Legal Hotline for Michigan Seniors housed within Elder Law of Michigan. As well, an Elder Rights Coalition was formed and Summit held, and a legal needs assessment was designed to better manage legal services projects.

### Personal Care Aides

#### **\$2,030,000** (2010-2013)

These grant funds are made available through the Affordable Care Act for training personal care aides serving clients in the MI Choice Program. Goals are to:

- create a core curriculum based on needed competencies;
- deliver adult learner-centered training for the entire personal care services workforce, starting with about 400 aides serving MI Choice clients; and
- train peer mentors to support aides in the first six months of employment.

### Medicare Improvements for Patients and Providers

\$1,687,600 (5 grants 2009-2012)

These grants provide state and community level support for organizations involved in reaching and providing help to people likely to be eligible for Low-Income Subsidy, Medicare Savings Program, Medicare Part D Prescription Drug Program, and in helping beneficiaries to apply for benefits. Information and education for beneficiaries on Medicare's new preventive benefits are also important grant components. The initiative includes special targeting efforts to rural areas, as well as to American Indian elders. Funds are made available through the Affordable Care Act.

### **State Profile Tool**

#### \$498,740 (2007-2012)

This grant opportunity, provided by the Centers for Medicare and Medicaid Services, has helped profile Michigan's long term care system by identifying how various service delivery systems interface as well as by identifying opportunities for closer collaboration. Data indicators are being developed along with key domain areas of self-determination/person-centeredness, community integration and inclusion, sustainability, prevention, shared accountability, and coordination and transparency. This grant also supports a statewide needs assessment of older adults and people with disabilities, the first to be conducted in 30 years.

### **Systems Transformation**

#### *\$2,389,770* (2006-2011)

This grant was awarded by the Centers for Medicare and Medicaid Services, and has contributed to building an integrated and responsive long term care system characterized by easy access, individual/consumer control, high quality services and outcomes, and flexible funding. Grant goals include:

- improved access to long term care support services,
- increased choice and control through development and enhancement of the self-directed service delivery system, and
- creating a system that more effectively manages funding to comply with money follows the person principles, promotes options for supported community living, and provides for flexible payment methodologies.

# Violence Against Older Women/Elder Abuse Prevention \$390,000 (2010-2013)

The No Excuse for Elder Abuse Project grant from the U.S. Department of Justice is intended to expand services to victims of abuse, exploitation, domestic violence, and neglect in Michigan's Calhoun County by:

- developing a community needs assessment and strategic plan for outreach and service delivery to older victims;
- training of law enforcement, direct service, victim service, and other professionals working with older victims;
- organizing a coordinated community response to elder abuse that expands outreach and direct services to older victims; and
- establishing an emergency fund for identified older victims.

### **QUALITY, EFFICIENCY, AND ACCOUNTABILITY**

Quality, Efficiency, Accountability... three hallmarks of Michigan's aging network in providing person-driven services. OSA's long-standing policies and practices require that grantees:

- Offer high quality services that emphasize high levels of satisfaction and involvement;
- Deliver services at competitive/reasonable rates through operational efficiences that include low administrative costs, and,
- Be accountable to the public trust through program and fiscal reporting, monitoring, and assessment.
- Area agencies on aging submit detailed multi-year area plans describing how funds will be spent and what impact they will have at the local level. Progress is measured against these plans.
- Area plans are driven by statewide operating standards for area agencies on aging and aging service programs. These standards are one of the key mechanisms for oversight and monitoring of area agencies by OSA.
- OSA also has an on-going presence at policy board meetings of all 16 area agencies on aging. As well, monthly meetings with area agencies on aging provide a state level forum for issues as they arise.
- The state reporting system carefully tracks not only numbers of people served, but also their characteristics. These reports provide both a state-wide and region-wide glance at information vital to managing programs, answering such questions as "Are we targeting those in greatest need? What services are in greatest demand? Are there waiting lists?"
- With OSA's focus on quality, Process Action Teams are formed internally to manage legislation, technology, health policy, and other topics as required.
   Teams involving outside partners are also formed as needed.
- Given the national and state economic downturn, OSA is spearheading an Aging Economic Development Initiative. The idea is to conduct an environmental scan of the economic impact on the aging network, and develop strategies, tactics, and measurements to address it. This initiative was kicked off with a conference entitled "Hard Times" attended by some 120 stakeholders. OSA will work with aging network partners to deploy realistic strategies to ensure seamless, uninterrupted service to older adults and their support network, as well as to identify creative, evidence-based, and measurable strategies to support the aging network's ability to continue its important work.

### **OSA BUDGET APPROPRIATION**

### FISCAL YEAR 2010

LINE ITEM	APPROPRIATION
Commission (Per Diem)	\$10,500
OSA Administration	6,760,500
Community Services	34,496,600
Nutrition Services	36,170,500
Retired and Senior Volunteer Program	681,800
Foster Grandparent Program	2,427,600
Senior Companion Program	1,743,800
Employment Assistance	3,449,500
Respite Care	6,268,700
ARRA (Evidence-based Disease Prevention)	1,106,500
APPROPRIATION TOTAL	\$93,116,000
Total Federal Revenues	\$56,310,400
Title III – Older Americans Act	41,055,900
Title VII -Older Americans Act	703,100
Nutrition Services Incentive Program – DHHS	7,410,000
Title V – DoL	3,599,400
Title XIX – Medicaid	2,435,500
ARRA	1,106,500
Total State Restricted Revenues:	6,268,700
Abandoned Property Funds (Respite)	1,800,000
Merit Award Funds	4,468,700
Miscellaneous Private Revenues	537,000
General Fund/General Purpose	29,999,900
REVENUE TOTAL	\$93,116,000

### **2010 GRANT AWARDS**

### **GRANTS TO AREA AGENCIES ON AGING (AAA)**

AGENCY	ADMINISTRATION	SERVICES	TOTAL
Detroit AAA (1-A)	\$488,155	\$9,350,611	\$9,838,766
1-B AAA	989,837	15,080,398	16,070,235
The Senior Alliance, Inc. (1-C)	401,019	6,710,227	7,111,246
Region 2 AAA	132,432	2,502,984	2,635,416
Kalamazoo Co. Human Serv. Dept. (3-A)	86,119	1,538,944	1,625,063
Region 3-B AAA	89,272	1,586,128	1,675,400
Branch-St. Joseph AAA (3-C)	50,269	943,361	993,630
Region IV AAA	140,123	2,484,637	2,624,760
Valley AAA (5)	231,002	4,007,951	4,238,953
Tri-County Office on Aging (6)	149,675	2,452,843	2,602,518
Region VII AAA	346,477	6,308,372	6,654,849
AAA of Western MI (8)	368,978	6,494,899	6,863,877
Region IX AAA	181,305	3,473,200	3,654,505
AAA of Northwest MI (10)	157,101	3,039,762	3,196,863
UP AAA (11)	256,793	4,446,452	4,703,245
Region 14 AAA	162,835	2,553,331	2,716,166
GRAND TOTAL	\$4,231,392	\$72,974,100	\$77,205,492

### **OTHER AWARDS**

AGENCY	TOTAL
MMAP, Inc.	\$1,379,602
County of Macomb/St. Clair Workforce	1,447,047
A & D Home Health Care	89,374
Northern Lakes Comm. Mental Health Auth.	89,374
Home Health Services (Region 8)	89,374
Home Health Services (Region 14)	89,374
The Information Center	89,374
Macomb Oakland Regional Center	111,718
Senior Services, Inc.	89,374
Michigan Disability Rights Coalition	280,481
GRAND TOTAL	\$3,755,092

### **VOLUNTEER PROGRAMS**

AGENCY	TOTAL	FGP	SCP	RSVP
Bedford Public Schools	\$26,466			\$26,466
Catholic Charities Of Jackson Co.	12,240			12,240
Catholic Charities Of W. Michigan Lakeshore	137,476	94,874	42,602	
Catholic Human Services	378,792	185,648	193,144	
Catholic Social Services Of Macomb Co.	100,645		83,266	17,379
Catholic Social Services Of Oakland Co.	88,650	57,610	13,063	17,977
Catholic Social Services Of Washtenaw Co.	26,413			26,413
Catholic Social Services Of Wayne Co.	546,199	359,828	107,989	78,382
Dickinson Iron Community Services Agency	49,765			49.765
Eight Cap, Inc.	280,011	196,745	83,266	
Flint City School District	21,833			21,833
Friendship Centers Of Emmet Co.	49,765			49,765
Family Services Agency Of Mid Michigan	445,562	256,752	188,810	
Gerontology Network Of Kent Co.	313,803	80,332	233,471	
Human Development Commission	182,426	153,875		28,551
Human Resources Authority	418,071	200,312	193,485	24,274
Isabella Co. Commission On Aging	286,881	203,615	83,266	
Lenawee Co. Department On Aging	217,516	217,516		
Marquette Co. Commission On Aging	57,965			57,965
Mecosta Co. Council On Aging	14,260			14,260
Northeast Michigan Community Serv. Agency	106,979	17,059	70,601	19,319
Otsego Co. United Way	18,554			18,554
Region IV Area Agency On Aging	244,593	204,827	39,766	
RSVP Of Ingham, Eaton And Clinton Co.	268,822	13,898	221,136	33,788
Senior Neighbors, Inc.	26,790			26,790
Senior Services, Inc.	208,601		183,650	24,951
South Central Community Action Agency	88,013	88,013		
St Clair Co. Council On Aging	79,344	79,344		
Washtenaw Co. HDS Community Services	9,739	9,739		
United Way Of Bay Co.	49,765			49,765
Volunteer Muskegon	5,819			5,819
Western U.P. District Health Department	49,765			49,765
United Way Of Northwest Michigan	17,825			17,825
GRAND TOTAL	\$4,829,348	\$2,419,987	\$1,737,515	\$671,846

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